

Fig. 1

30

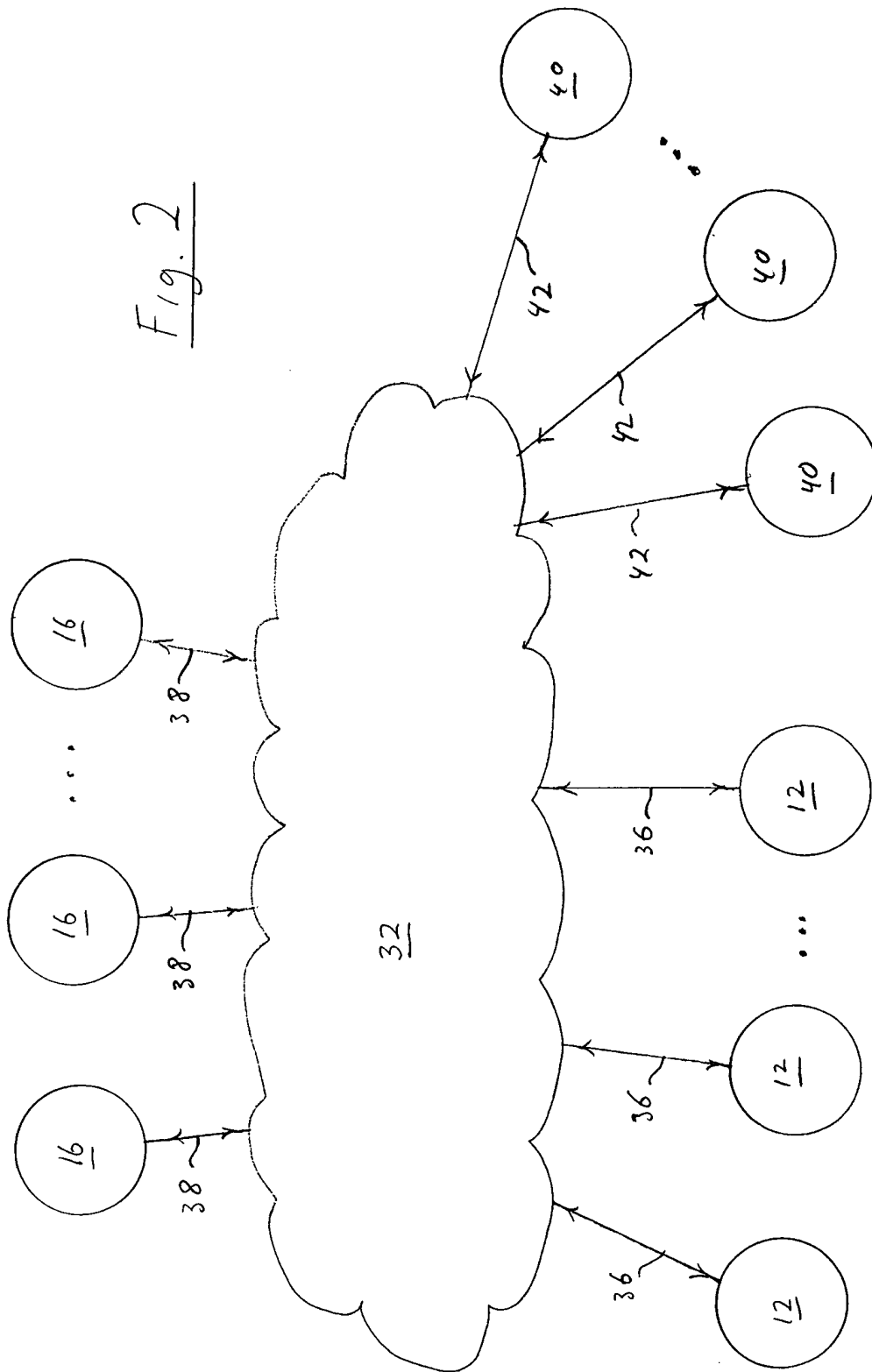


Fig. 2

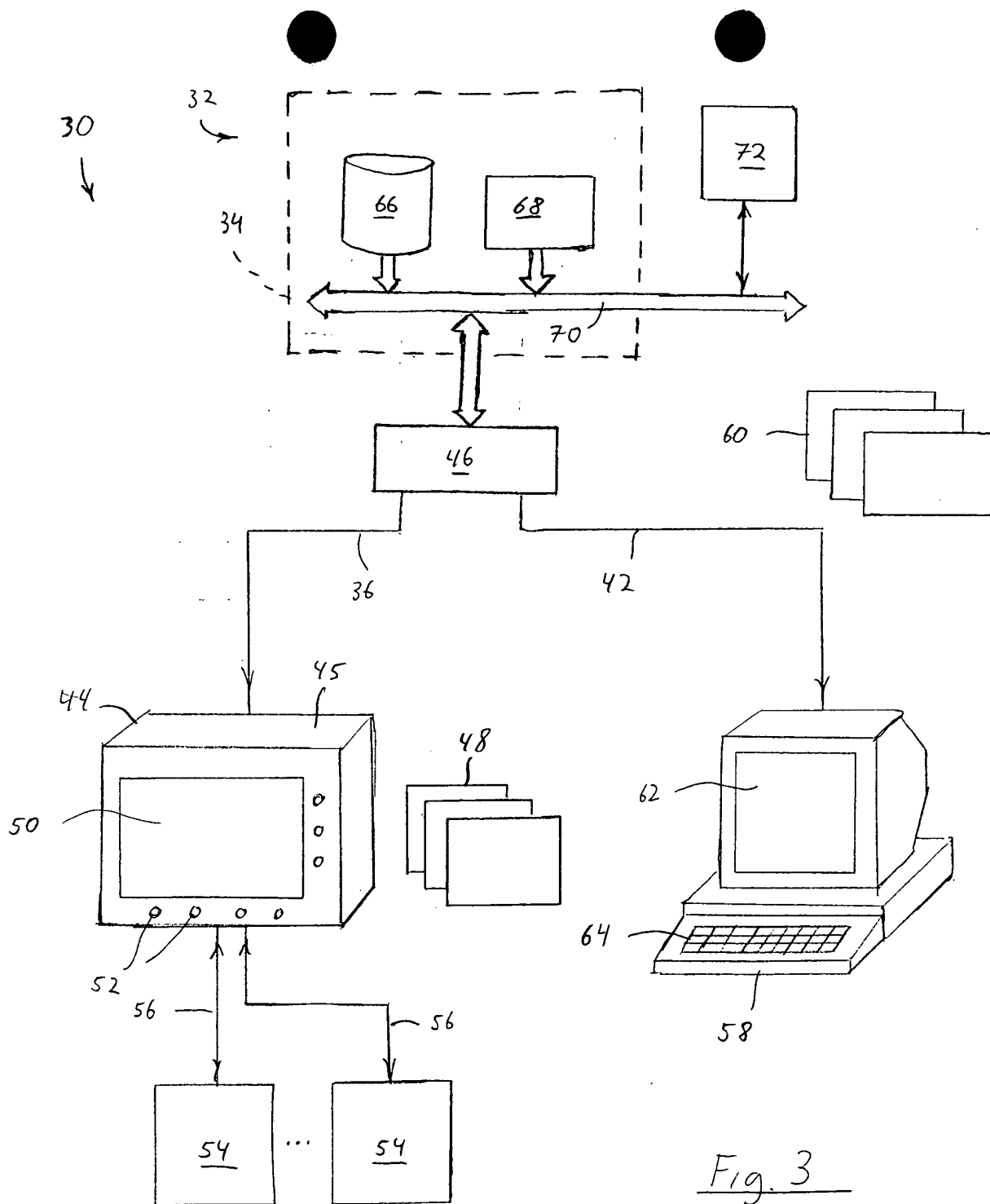


Fig. 3

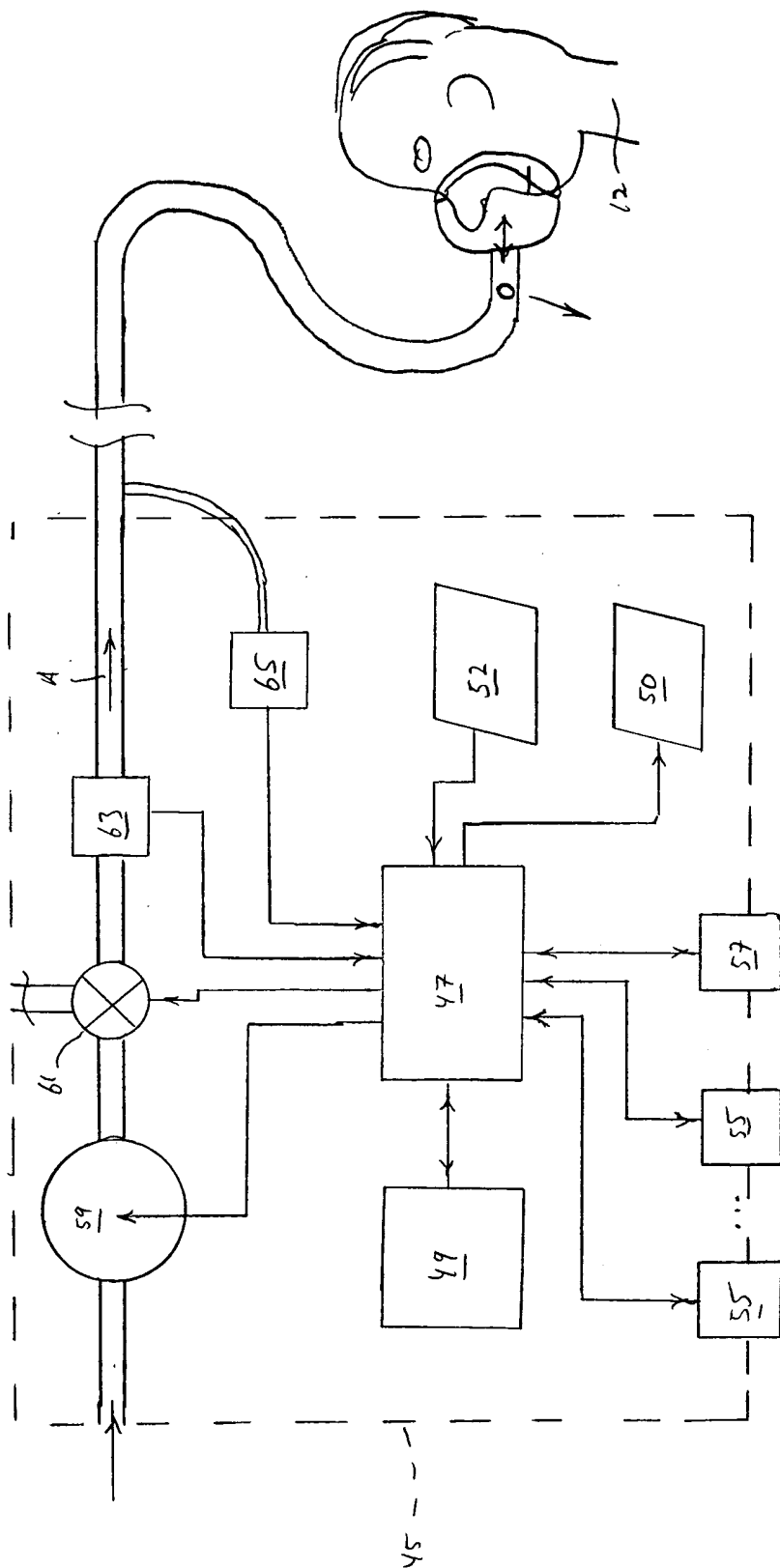


Fig. 4

76

Your Home Health.com

LOGO

78

Welcome to YourHomeHealth.com, your source for information and service to help patients live a healthier and happier life!

80

Members Access Area

Login:

84

Password:

86

74

82

Fig. 5A

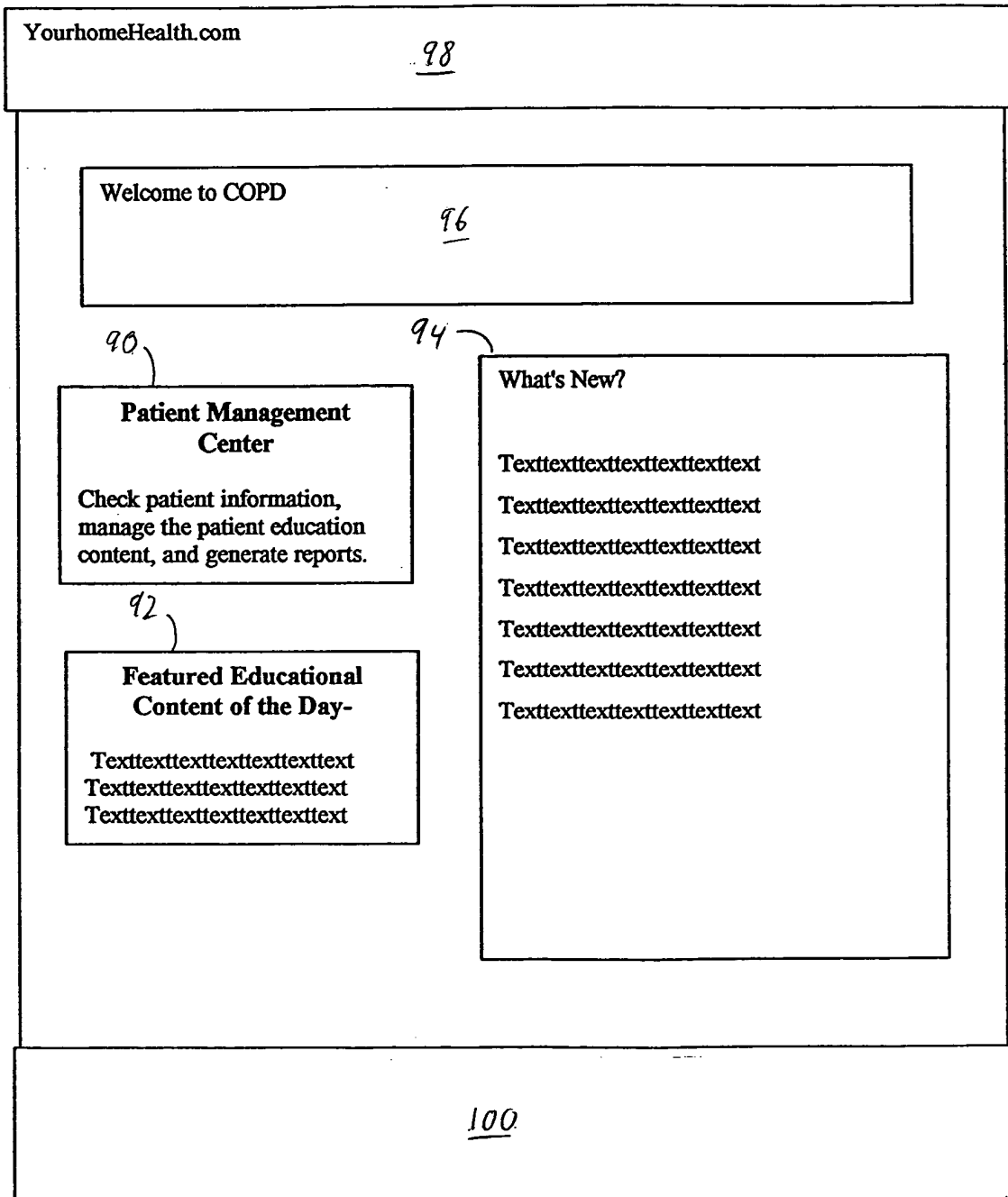


Fig. 5B



Your Home Health, Inc.

110

Patient Management Center

106

Patient Observation Deck

Refer to your observation deck to view patient information, check patient status, view a patient's clinical pathway, reminders, treatment plan or patient reports.

- ⊕ Patient Information ← 114
- ⊕ Patient Status ← 116
- ⊕ Patient Treatment Plan ← 118
- ⊕ Patient Clinical Pathway ← 120
- ⊕ Patient Reminders ← 122

This links you to the patient information page.

104

108

Patient Education Content Manager

Use the Patient Education Content Manager to quickly identify and define groups of patients with common needs and push educational material to the group with one click.

- ⊕ Set Content Groups } 124
- ⊕ Set Educational Content
- ⊕ Email Aliasing

Report Center

Use the Report Manager to document important patient status information and to communicate patient information or recommended therapy changes with a physician by automatically emailing or faxing the report to their office.

- ⊕ Fill out a Report } 126
- ⊕ Create a New Report

112

Fig. 5C



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Patient Observation Deck: Patient Information



Patient Information | Patient Status | Patient Treatment Plan
Patient Clinical Pathway | Patient Reminders

140

First Name	Last Name	Patient ID
Smith	Jane	888
Ghandi	Indra	123
Lan	Mu	818
Thatcher	Margaret	666
Wolf	Virginia	456

134

;

136

132

128

Fig. 5D

Fig. 5E

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Patient Observation Deck: Patient Information

+ Text Nav Bar

140

**Patient
Info**

Name: Jane Smith
Address: texttext
Phone Number: texttext
Emergency Phone: texttext
Email: texttext
Date of Birth: texttext
Social Security: texttext
Gender: texttext
Marital Status: texttext
Guardian Name: texttext

**Patient
Info**

Physician Name: texttext
Address of Physician: texttext
Phone Number of Physician: texttext
Fax Number of Physician: texttext

**Caregiver
Info**

Name: Jessica Smith
Address: texttext
Phone Number: texttext
Fax Number: texttext

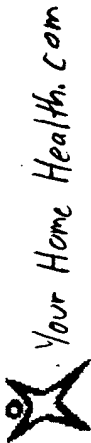
**Insurance
Info**

Medical Info:
☐ Medicare
☐ Medicaid
☐ Other
☐ VA
☐ Insurance
☐ Self Pay

138

132

FIG. 5E



130

Patient Observation Deck: Patient Status



Patient Information | Patient Status | Patient Treatment Plan
Patient Clinical Pathway | Patient Reminders

140

142

First Name	Last Name	Patient ID	Disease Type	Patient Data Summary
Smith	Jane	888	Asthma	View Data
Ghandi	Indra	123	Respiritory	View Data
Lan	Mu	818	Cardiac	View Data
Thatcher	Margeret	666	Cardiac	View Data
Wolf	Virginia	456	Respiritory	View Data

144

::

132

Fig. 5F

Fig. 5G

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130

Patient Observation Deck: Patient Data Summary

+ Text Nav Bar

Patient Info

Name: Jane Smith

ID: texttext

Phone Number: texttex

Fax Number: texttext

Date of Birth: texttext

Gender: texttext

Physician Name: texttext

Vital Sign

insert graph here

Health Trend

insert graph here

Alert Summary

insert graph here

Non Compliance

insert graph here

Comments

140

148

150

152

154

156

158

146

132

Fig. 5H

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130

Patient Observation Deck: Patient Treatment Plan

+ Text Nav Bar

Please Choose Your Patient

Search

Enter last name and/or first name:

Submit

By Patient

Select Patient Name:

Jane Smith

▼

Submit

160

162

164

132

FIG. 5H



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130

Patient Observation Deck: Patient Treatment Plan

166



Patient Information | Patient Status | Patient Treatment Plan
Patient Clinical Pathway | Patient Reminders

140

Patient Treatment Plan Search Results

Results

Name	Patient ID	Disease Type	Patient Treatment Plan
Smith, Jane	888	Asthma	<u>View Plan</u>
Smith, John	123	Respiratory	<u>View Plan</u>
Smith, Soain	818	Cardiac	<u>View Plan</u>

168

170

Fig. 5I

132

Fig. 5J

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130

Patient Observation Deck: Patient Treatment Plan

+ Text Nav Bar

Patient Info

Name: Jane Smith

ID: texttext

Phone Number: texttex

Fax Number: texttext

Date of Birth: texttext

Gender: texttext

Physician Name: texttext

148

Medication

insert table here

174

Equipment

insert table here

176

Physical Therapy

insert table here

178

172

132

Fig. 5K

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130

Patient Observation Deck: Patient Clinical Pathway

+ Text Nav Bar

~ 140

Clinical Pathway Status Results

Results

182

Name	Patient ID	Disease Type	Questionnaire
Smith , Jane	<u>888</u>	Asthma	<u>QNR1</u>
Smith, John	<u>123</u>	Respiratory	<u>QNR2</u>
Smith, Soain	<u>818</u>	Cardiac	<u>QNR1</u>

184

~ 180

132

FIG. 5K



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← 130

Patient Observation Deck: Patient Clinical Pathway



Patient Information | Patient Status | Patient Treatment Plan
Patient Clinical Pathway | Patient Reminders

140

Patient Info

Name: Jane Smith
ID: 818
Phone Number: (650) 555-6666
Fax Number: (650) 555-7777

148

Date of Birth: 7-23-78
Gender: Female
Physician Name: John Gilbert

186

Fig. 5L

Questionnaire Info

Questionnaire #1		
Question Summary	Answers	Alerts
1) How do you feel today?	Multiple Choice	No
2) Do you exercise regularly?	Borg Scale Choice	No
3) Do you feel out of breathe?	Numeric	Yes
4) How much do you weigh?	Borg Scale	Yes
5) Do you ever feel confused?	Multiple Choice	No
6) How is your appetite?	Numeric	Yes

188

132

Fig. 5M

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Patient Observation Deck: Patient Reminders

+ Text Nav Bar

140

**Patient
Info**

Name: Jane Smith

Date of Birth: texttext

ID: texttext

Gender: texttext

Phone Number: texttext

Physician Name: texttext

Fax Number: texttext

148

200

202

Reminder Status

| Scheduling

Reminder 1: Eat Zaiban every 4 hours

Reminder 2: Brush your teeth before bedtime

Reminder 3: Exercise for 30 mins everyday

Reminder 4: Empty

Reminder 5: Empty

Type	Expiration on	Time Range
Daily	March 30	8:00 to 10:00 AM
Daily	March 30	8:00 to 10:00 AM
Daily	March 30	8:00 to 10:00 AM
n/a		
n/a		

206

204

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Fig. 6A

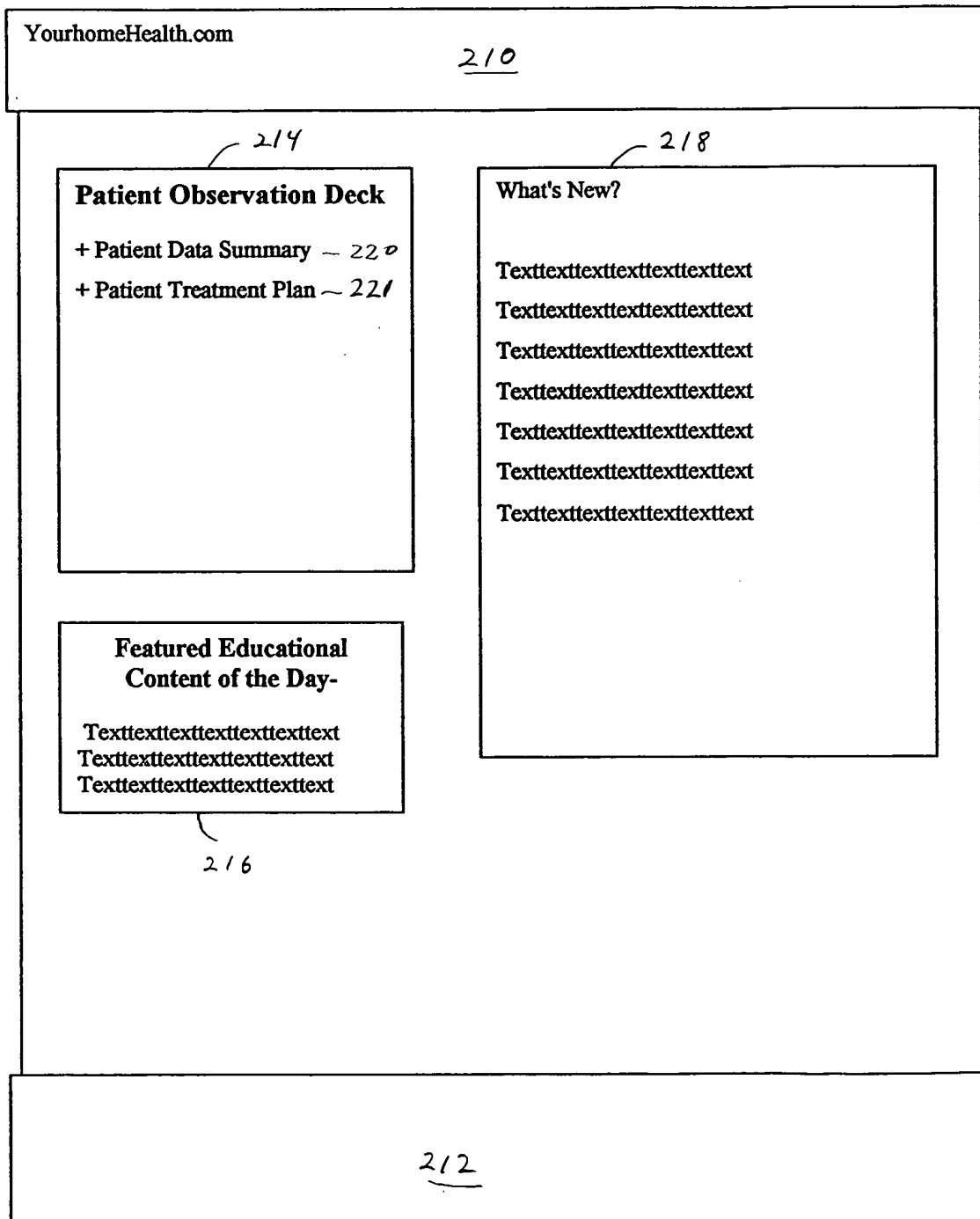


FIG. 6A

Fig. 6B

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210

Patient Observation Deck: Patient Data Summary

+ Text Nav Bar

Patient Info

Name: Jane Smith

ID: texttext

Phone Number: texttex

Fax Number: texttext

Date of Birth: texttext

Gender: texttext

Physician Name: texttext

Non Compliance

insert graph here

Health Trend

insert graph here

222

148

224

226

212

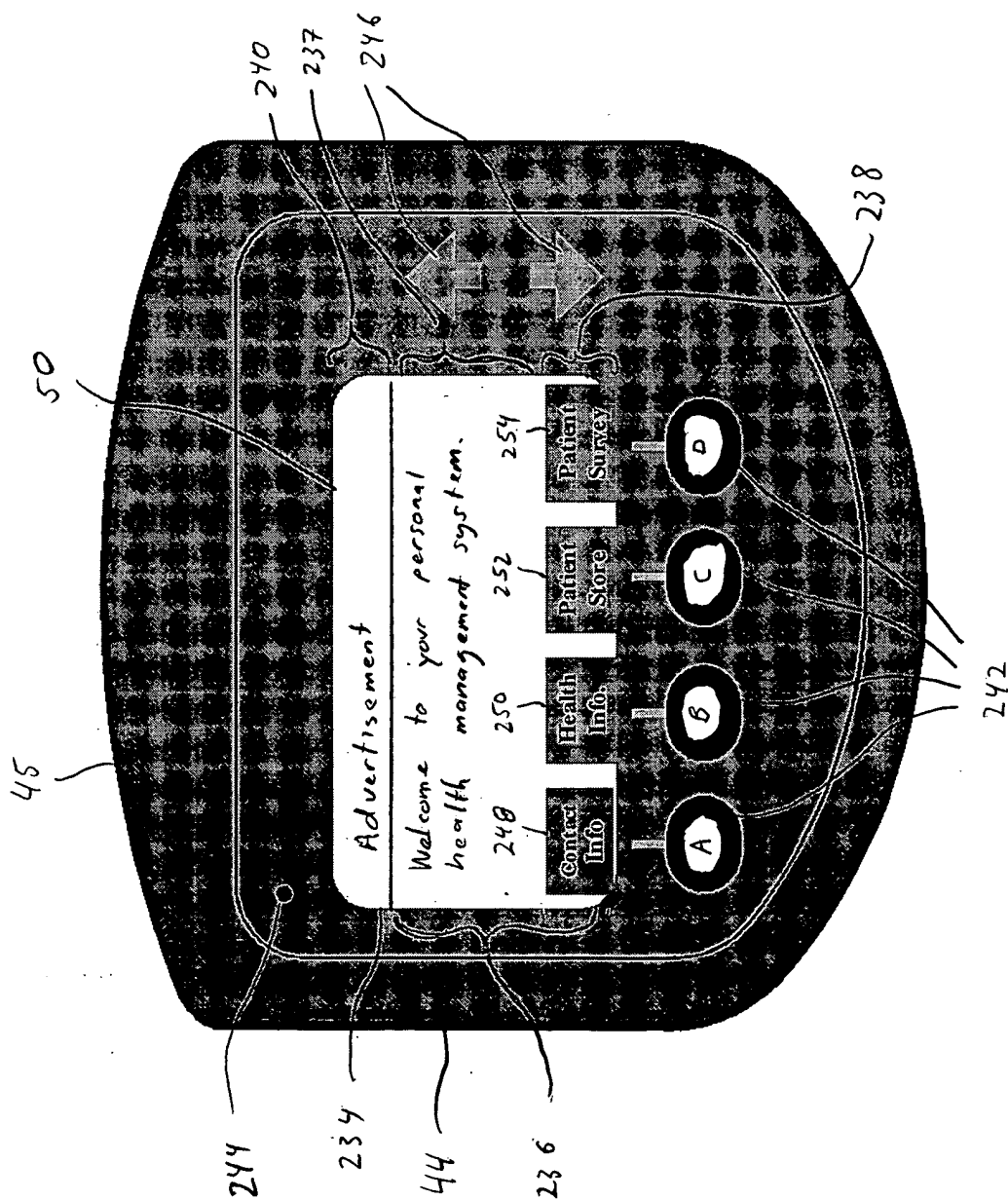


Fig. 7A

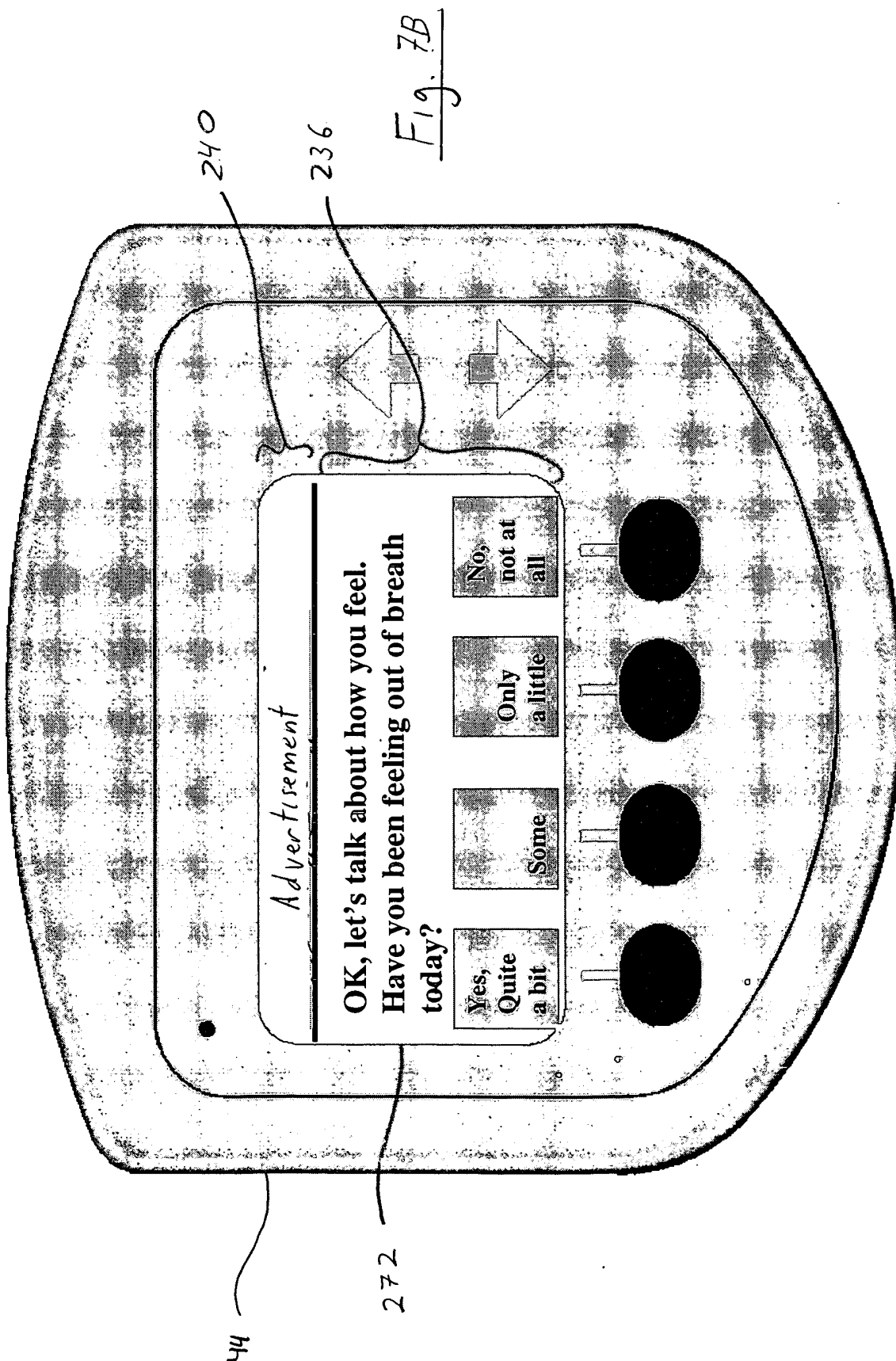


Fig. 7B

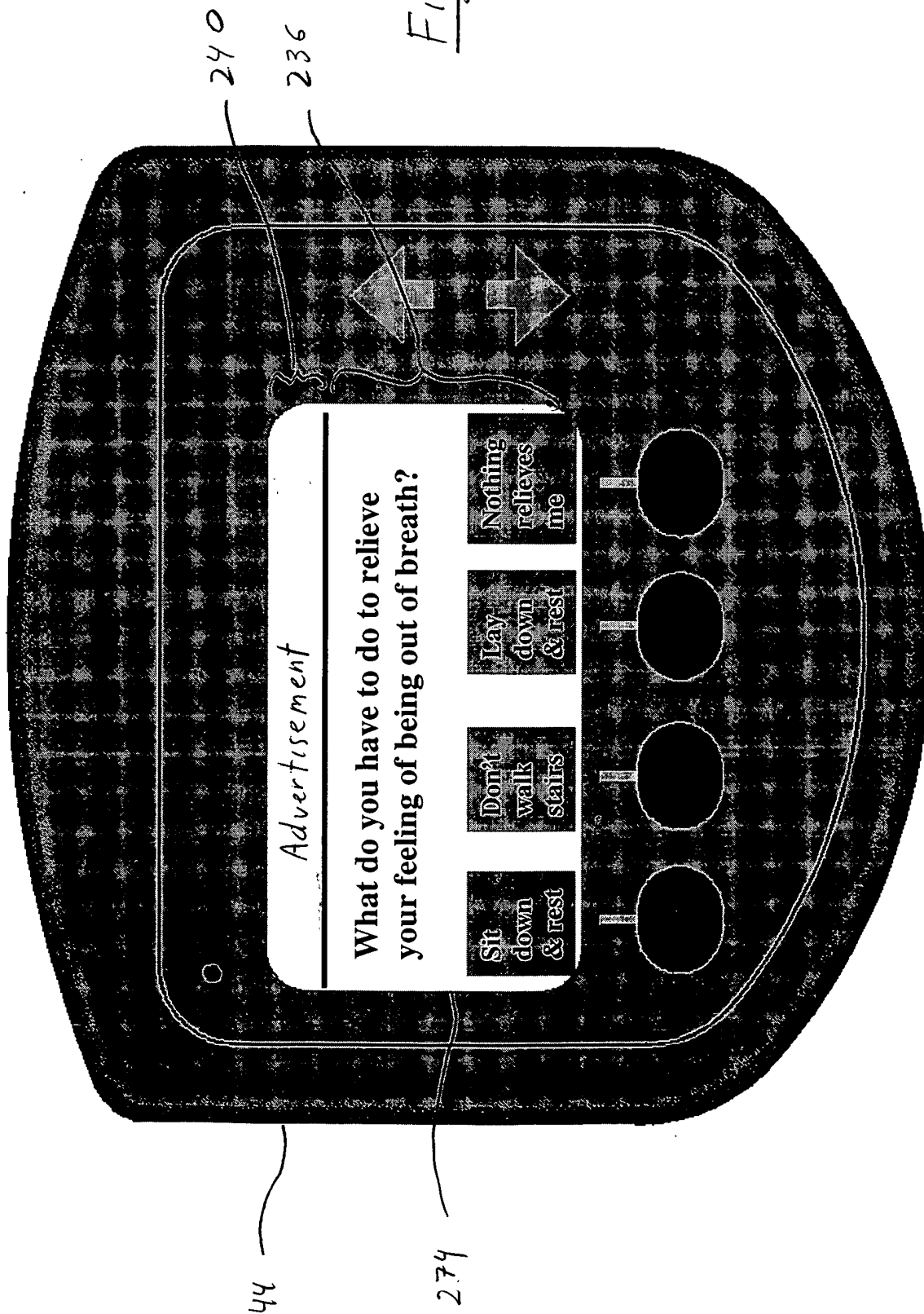


Fig. 7C

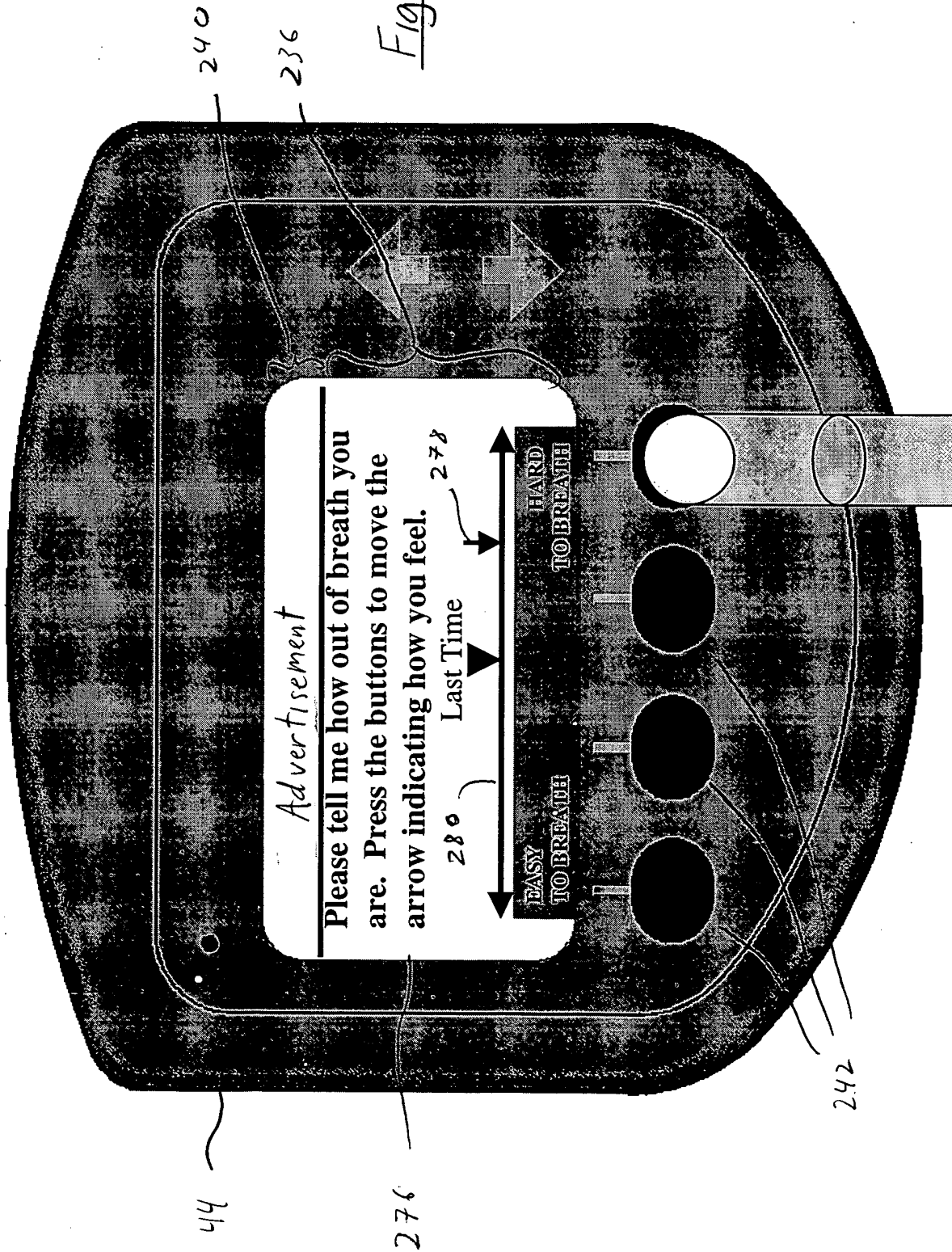


FIG. 7D

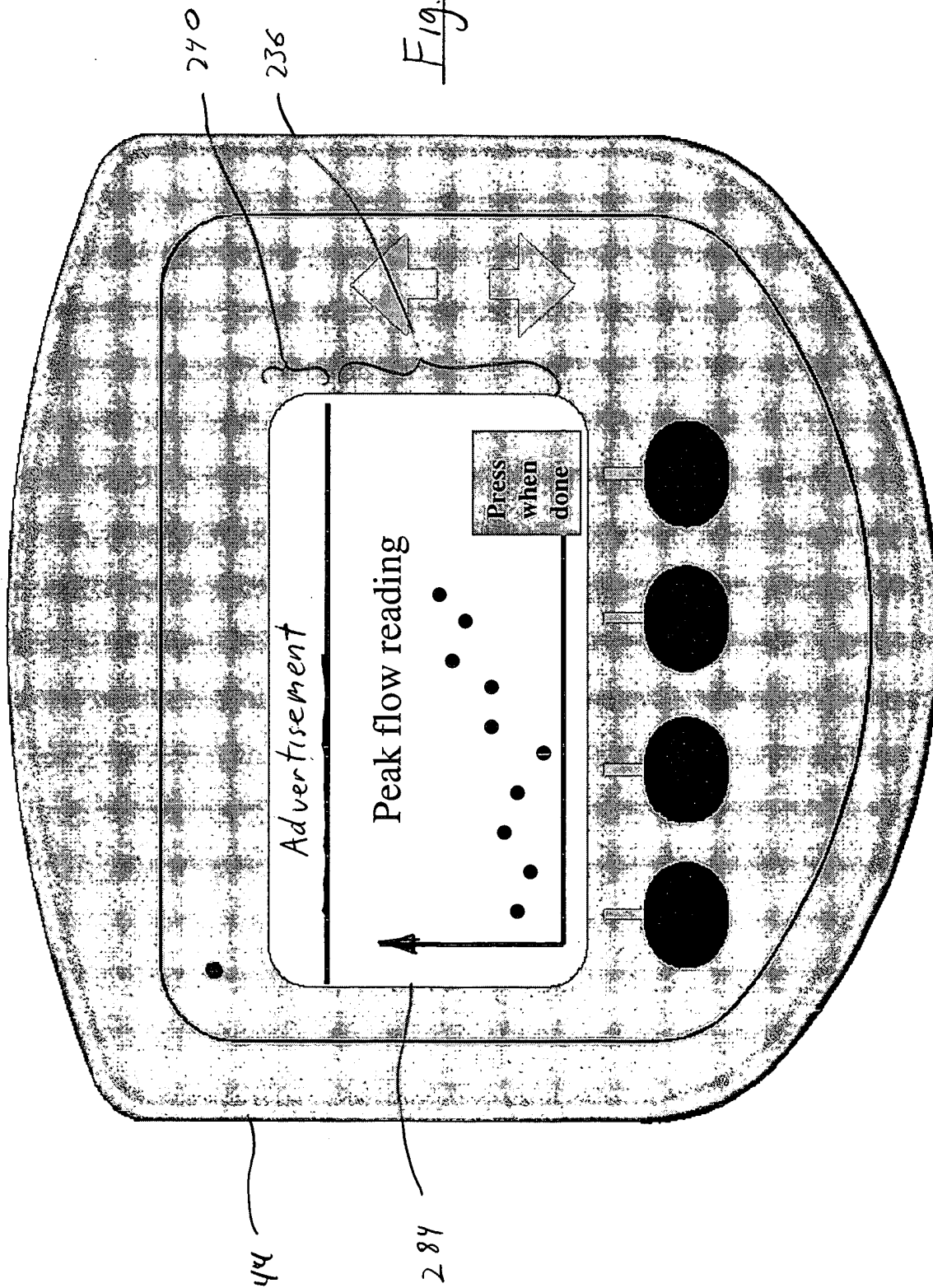


Fig. 7E

294

44

240

236

Fig. 7F

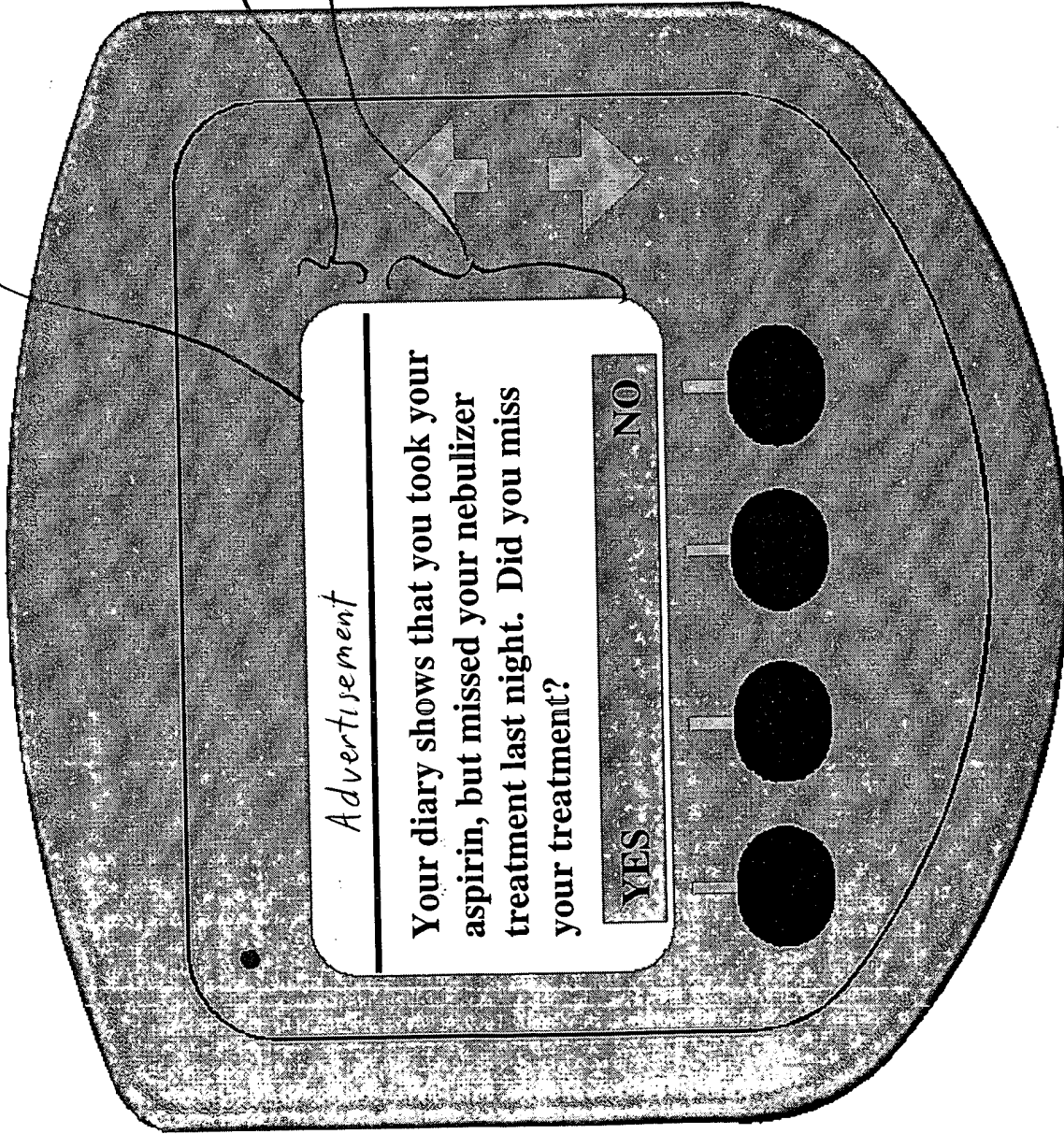


Advertisement

Melissa, you are due to take your
second nebulizer treatment at noon.
Press any button after you have
taken your treatment.

Press any button to continue

296



240

236

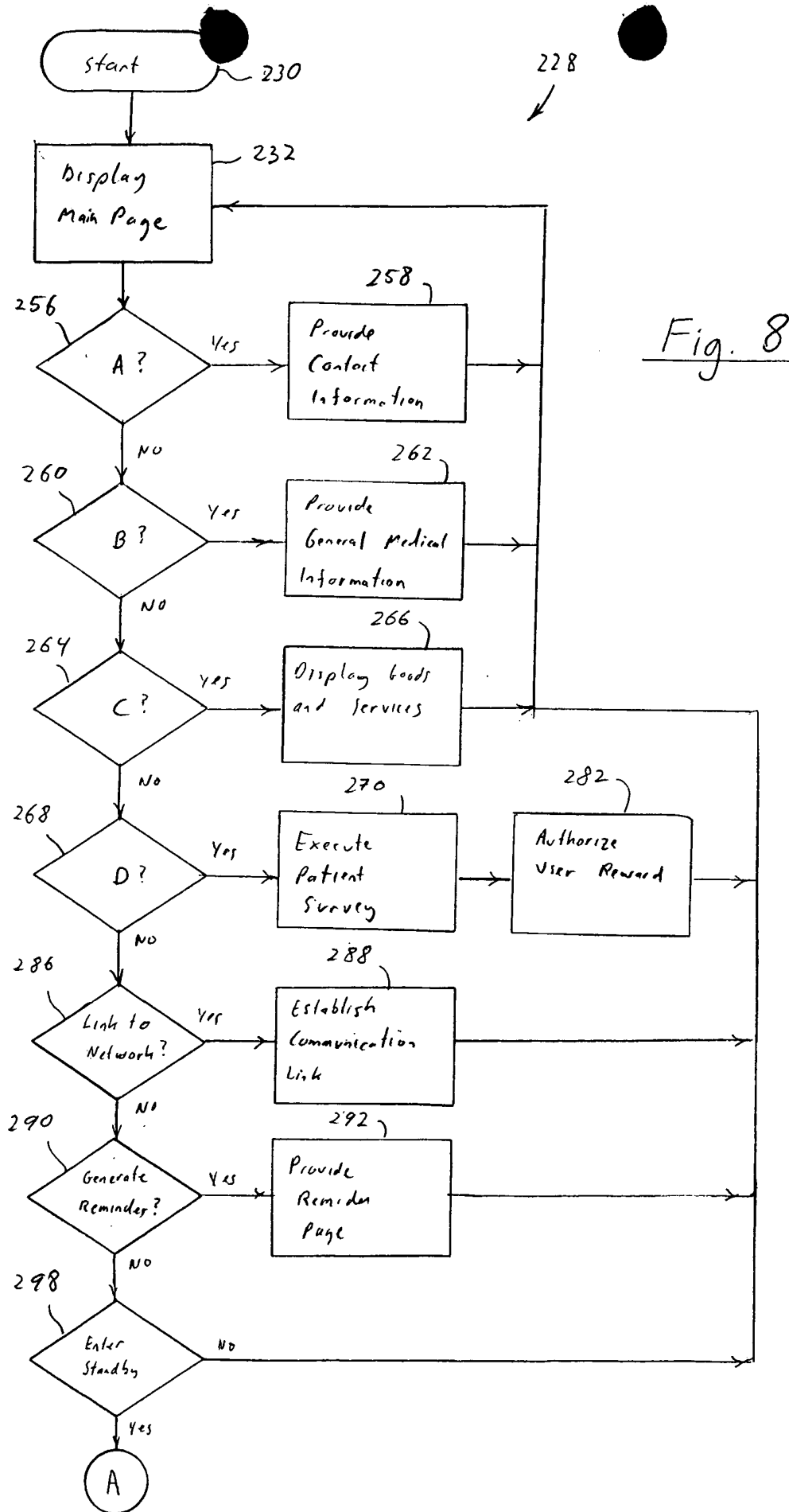
Fig. 7G

Advertisement

Your diary shows that you took your aspirin, but missed your nebulizer treatment last night. Did you miss your treatment?

YES

NO



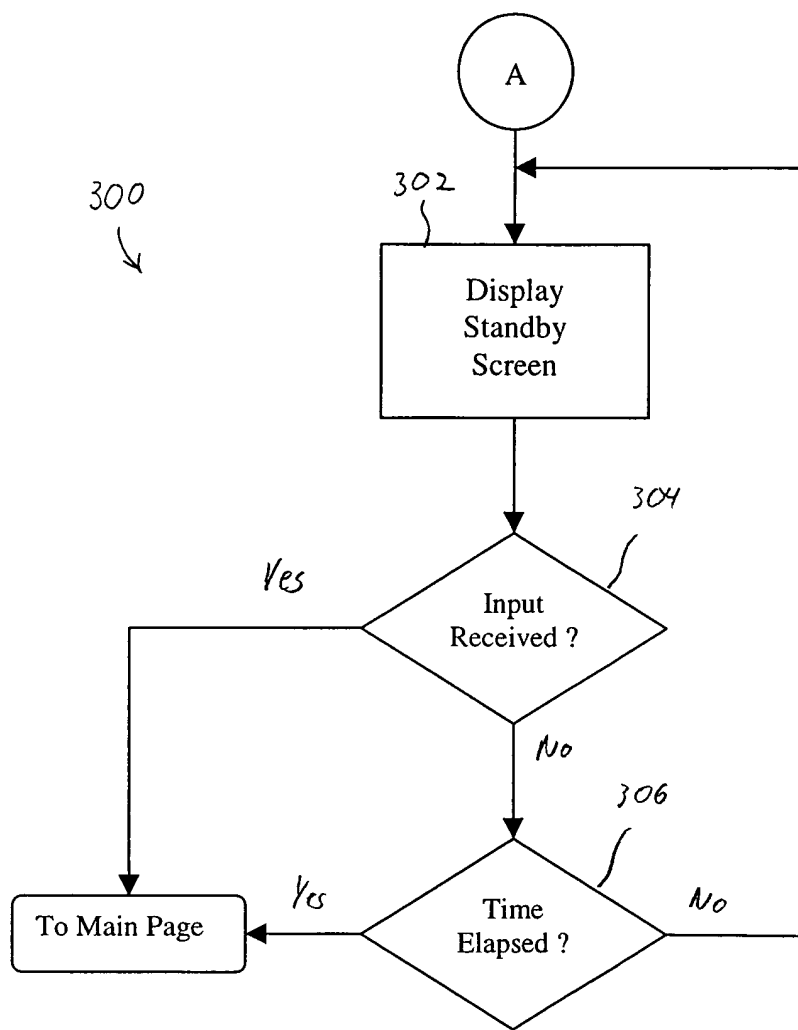


Fig. 9